



australian
nursing federation

Submission to consultation by the Australian
Health Ministers' Advisory Council on the
Exposure Draft Healthcare Identifiers Bill 2010

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia.

The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 175,000 nurses and midwives, members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANF is pleased to provide comment to the Australian Health Ministers' Advisory Council (AHMAC) on the development of the legislation which will support the establishment and implementation of national healthcare identifiers and enhanced arrangements for the privacy of health information.

2. The nursing and midwifery professions and e-health

Nurses and midwives form the largest health profession in Australia, providing health care to people throughout their lifespan, and across all geographical areas of Australia. They practice in: homes, schools, communities, general practice, local councils, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, hospitals, the armed forces, universities, mental health facilities, statutory authorities, general businesses, and professional organisations.

As the largest cohort of health professionals within the health and aged care workforce, nurses and midwives will play a central role in the use of electronic systems developed to manage healthcare records, including the use of healthcare identifiers.^{1,2} Indeed, given the geographical spread of where nurses and midwives practice, access to electronic health records (where the electronic infrastructure is available) will greatly assist in the delivery of quality, safe care.

3. E-Health Capabilities

In the submission to the AHMAC dated August 2009, on proposed legislative support for healthcare identifiers, the ANF fully supported the moves to introduce electronic systems for health information management which will mean more timely access to information for nurses, midwives, other health professionals and consumers of health and aged care.

The ANF therefore welcomes evidence of the progression of work on the healthcare identifiers initiative through this exposure draft legislation, as a building block for electronic health records and information systems.

What must also be reiterated from our previous submission to the AHMAC is the importance of nurses and midwives being supported in gaining an understanding of new information management, and of having access to and being resourced with, appropriate computing equipment in their workplace.

The Government will need to ensure that future legislation and regulation details a comprehensive communication strategy specifically for nursing to ensure the above.

The success of e-health capabilities throughout the health and aged care sectors will be dependent on the familiarity of health professionals with the electronic infrastructure. It will be imperative that nurses and midwives constitute a substantial component of the communication strategy for the implementation of healthcare identifiers and electronic healthcare records management.

4. Exposure Draft Healthcare Identifiers Bill 2010

The ANF supports the stated purpose of the Healthcare Identifiers Bill 2010 as providing *a way of ensuring that a person who provides or receives healthcare is correctly matched to health information that is created when healthcare is provided...by assigning a unique identifying number to each healthcare provider and healthcare recipient.*

The exposure draft of the Healthcare Identifiers Bill 2010 appears to be comprehensive in relation to the stated purpose. A few general comments are outlined in this submission to aid in the development process of this and related Bills and subsequent regulations.

4.1 Regulations

The ANF believes the development of regulations to support the legislation for healthcare identifiers is essential.

The development of these regulations must be through a process involving wide public consultation.

The regulations must include details of all of the areas covered in the proposed legislation.

The ANF believes the Act must stipulate who will administer the legislation and how it will be administered. Also that regulations must set out the processes and forms to be used relating to the release of the healthcare identifiers, and applications for such information.

4.2 Assigning of healthcare identifiers

The document *Building the foundation for an e-health future...update on legislative proposals for healthcare identifiers* (pg 13) states that one of the key design features of the Individual Healthcare Identifier is that it *will not be a requirement for accessing healthcare in Australia*. There are many sub-groups within our community who currently do not possess a Medicare Australia card for whatever reason, such as, homeless people, refugees, those people who are in this country without the necessary official visas or residency requirements. The ANF believes the healthcare identifier should not provide a barrier to access to healthcare by any person in this country.

The ANF requests the Act and regulations to the legislation clearly state the Individual Healthcare Identifier will not be a requirement for accessing healthcare in Australia.

The ANF also notes the key design feature for the Healthcare Provider Identifier – Individual (HPI-I), which deals with health professionals who do not currently have professional registration as follows: *will be issued to an individual healthcare provider through their professional or registration body where one exists and is a Trusted Data Source, or by the HI Service in circumstances where a professional registration body does not exist*. The ANF understands this provision allows for groups such as Speech Pathologists and Audiologists and welcomes a mechanism for including these health professionals. However, the ANF requests this mechanism be incorporated in the regulations following consultation with all stakeholders to give the “HI Service” clear guidance as to which currently unregulated workers will be issued with a HPI-I.

4.3 Unauthorised use or disclosure

The ANF supports the inclusion of penalties in the instance of unauthorised use or disclosure of a healthcare identifier. Given the harshness of the penalties, the ANF insists there be set out in the Act and regulations processes and procedures to ensure healthcare professionals have an appeal process that must be followed regarding allegations of breaches of the Act.

The employer must ensure there are safeguards in place to avoid vexatious claims of unauthorised use or disclosure of healthcare identifiers made against its employees.

The ANF welcomes the inclusion in the legislation of the clause pertaining to the Act excluding access to a unique healthcare identifier by insurance companies for commercial purposes.

4.4 Communication strategy

As stated in the ANF's August 2009 submission to the AHMAC, it is imperative that the introduction of Healthcare Identifiers be accompanied by a comprehensive communication strategy for both consumers and health professionals and workers in the health and aged care systems. This communication strategy will need to include clear guidance for health professionals as to the purpose of the Act(s) under which the healthcare identifiers operate and the nature of their responsibilities relating to the use of healthcare identifiers.

4.5 Evaluation

The ANF welcomes the conduct of a review of the operation of the Healthcare Identifier Bill 2010 within 3 years of the legislation commencing.

5. Conclusion

The ANF strongly supports the introduction of electronic systems within all health and aged care facilities across the country. Access to healthcare information through electronic systems will vastly improve the timeliness and quality of communication flows leading to enhanced outcomes of care for individuals. The assigning of unique healthcare identifiers is an essential first step in the implementation of individual healthcare records systems. The assurance of privacy for individuals is paramount and is best enshrined in legislation.

The ANF welcomes the opportunity to provide advice to the Australian Health Ministers' Advisory Council (AHMAC) on the development of the exposure draft of the Healthcare Identifier Bill 2010, and looks forward to contributing to the development of regulations which will support the legislation to establish and implement national healthcare identifiers as a forerunner to a national electronic healthcare record system.

References

1. There is a combined total of 244,360 registered and enrolled nurses actually employed in nursing in Australia, with 18,297 of these being midwives. Australian Institute of Health and Welfare 2008. *Nursing and midwifery labour force 2005*. Additional Material. Table 1. Available at <http://www.aihw.gov.au/publications/hwl/nmlf05/nmlf05-xx-registered-nurses-clinical-area.xls>
2. Nurses and midwives comprise over 55% of the entire health workforce. Australian Institute of Health and Welfare. 2006. *Australia's Health 2008*. Canberra: AIHW. p 317.